

**APPLICATION FOR CERTIFICATE FOR NONPROFITS**  
**Before the**  
**ALABAMA PUBLIC SERVICE COMMISSION**

This Application should be typed or neatly printed, properly signed and sworn to, and filed with the \$10.00 filing fee with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

**SECTION I**

Applicant \_\_\_\_\_  
(Legal name)

Doing Business as \_\_\_\_\_  
(Trade name)

Business Address \_\_\_\_\_  
(Must be a physical address – cannot be a post office box)

\_\_\_\_\_  
(City) (State) (Zip Code)

Mailing Address \_\_\_\_\_  
(May be a post office box)

\_\_\_\_\_  
(City) (State) (Zip Code)

( ) ( ) \_\_\_\_\_  
(Telephone Number) (Facsimile Number) (Email address)

**SECTION II**

For a (Check only one):

☐ Certificate for Nonprofits A, to operate without restriction as to vehicle size or capacity

**OR**

☐ Certificate for Nonprofits B, to operate only vehicles with a capacity of 14 passengers or less

Applicant states and represents subject to the penalties of law for false swearing, that this application is filed only for the purpose of operating as a carrier for nonprofits, as defined in the rules of the Commission, and that the operations will be in compliance with the rules of the Commission for such operations. Applicant understands that the filing of this application does not, in itself, constitute authority to conduct operations.

**SECTION III**

☐ Applicant has the required insurance and Form E proof of coverage properly filed with the Commission.  
(Form E is provided by the Insurance Company)

☐ \$10.00 filing fee paid (**cashier's check or money order only**)

#### SECTION IV

Name and address of the contact person that can answer questions about this application or supply additional information:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Facsimile Number)

\_\_\_\_\_  
(Email Address)

#### OATH

County of \_\_\_\_\_

State of \_\_\_\_\_

Name of Affiant \_\_\_\_\_  
being duly sworn, states that he/she files this Application as (indicate whether owner, or proprietor, title as officer of applicant corporation or association, member of applicant partnership, or other authorized representative of applicant) \_\_\_\_\_ that in such capacity, he/she is qualified and authorized to file and verify such Application; that he/she has carefully examined all the statements and matters contained in the Application, and that all such statements made and matters set forth herein are true and correct to the best of his/her knowledge, information and belief.

(Signature of Affiant) \_\_\_\_\_

Subscribed and sworn to before me, a \_\_\_\_\_ in and for said State and County

above named, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notary Public) \_\_\_\_\_

(Seal)

My Commission Expires: \_\_\_\_\_